Practical Application of the DoD/VA Tobacco Cessation Clinical Practice Guideline

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Guiding Principles

- **“We have to make cessation support as accessible as buying cigarettes for those patients who want to quit.”**
- **Tobacco Use is a READINESS ISSUE!**
- **2002 DoD survey showed 62% of active duty tobacco users want to quit in the next 6 months**
- **Cessation support must have a range of intensity**
- **One “size” of tobacco cessation will not cover all patients who wish to quit**

TUC Background

"Tobacco-Free Continuum"

Minimal Intervention:
Advice only, Literature, Phone contact, Internet, Quit Line

Increasing Intensity:
Brief Advice+Meds, Meds+Clinical Counseling Meds+Clinical Follow-up

Intense Intervention:
Classroom, Behavior modification, Mental Health screening

- **Tobacco Cessation must be a continuum**
- **"One size" or method of cessation does not fit all those wishing to become tobacco free**

Objectives:

- Discuss issues of tobacco use
- Introduce and discuss new resources and materials available for staff and patients
- Review pharmacotherapy associated with tobacco cessation
- Discuss application of the DoD/VA TUC CPG in the clinical setting

Enemy in the Waiting Room

Limited-edition A-list designer giveaway just for you guys
JANE
Free $3,100 trip—bring whoever!
AUGUST
Pam Anderson's guide for living with a drunk
Cheating, cube size, celeb envy
Compare yourself to other chicks in our juicy survey
You'll never be able to look at Angelina, Gwen, Lauryn and Courtney the same again
Mother Nature can suck the fat out of your thighs in 20 minutes flat
9 new Jackie O's for the 21st century
Yet another great reason to keep on smoking!
Julia Stiles on British dudes
Good lovin' advice from Mark Ruffalo and O-Tip

NIC FIX **Q:** I just quit smoking and am breaking out. Is this a detox or something? –Carol, Seattle **A:** Even with a crutch (like Wellbutrin XL or lollipops), your body gets frazzled by the absence of its beloved nicotine. "You're not shooting out poisons or anything, it's just that the stress makes cortisol levels skyrocket," says California derm Ava Shamban. This triggers acne, especially around your chin and mouth. Treat it with

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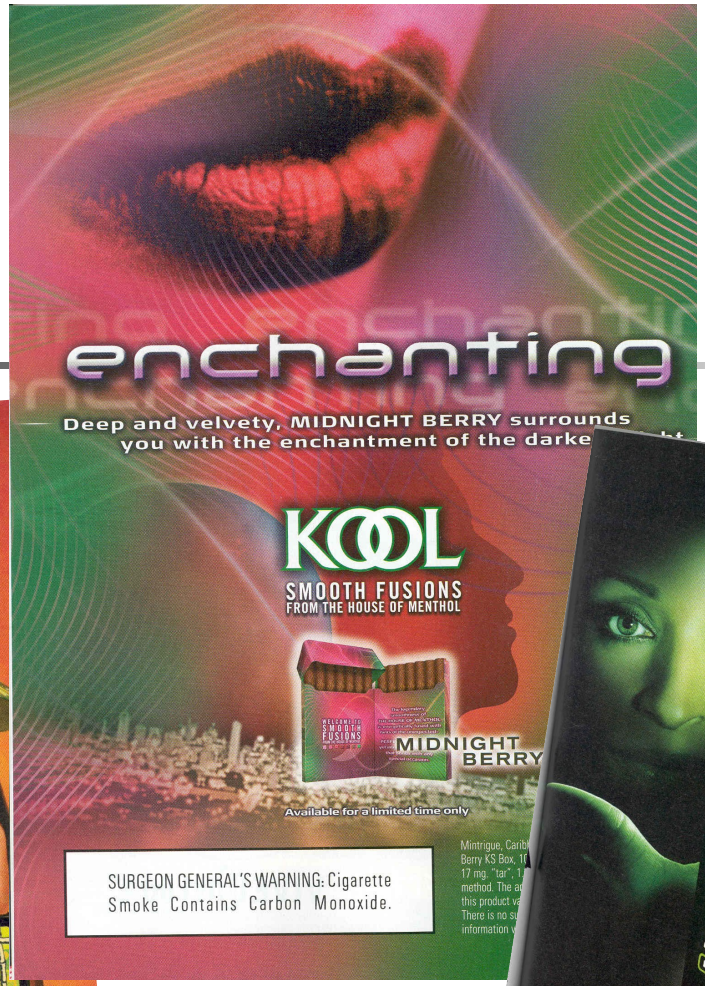
PLEASURE TO BURN
The official blends of summer —for a limited time only—
CAMEL
Kauai Kolada
HAWAIIAN HINTS OF PINEAPPLE & COCONUT
CAMEL
Twista Lime
A CITRUS TIKI TASTE SENSATION!
KAUAI KOLADA, TWISTA LIME: 11 mg. "tar", 0.9 mg. nicotine, av. per cigarette by FTC method. For more product information, visit www.rjrt.com.
SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.


enchanting
Deep and velvety, MIDNIGHT BERRY surrounds you with the enchantment of the darke
KOOL
SMOOTH FUSIONS
FROM THE HOUSE OF MENTHOL
MIDNIGHT BERRY
Available for a limited time only
SURGEON GENERAL'S WARNING: Cigarette Smoke Contains Carbon Monoxide.

BLACK LABEL FULL FLAVOR 17 mg. "tar", 1.2 mg. nicotine av. per cigarette by FTC method. For more product information, visit www.rjrt.com.
Visit www.salemaccess.com. Website restricted to smokers 21 or older. Black Label may not be available in all areas.
Rich. Intense.
FULL FLAVOR
SALEM
BLACK LABEL
BLACK LABEL
©2004 R.J. REYNOLDS TOBACCO CO.
SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy.
SALEM
stir the senses

Why Clinical Implementation?

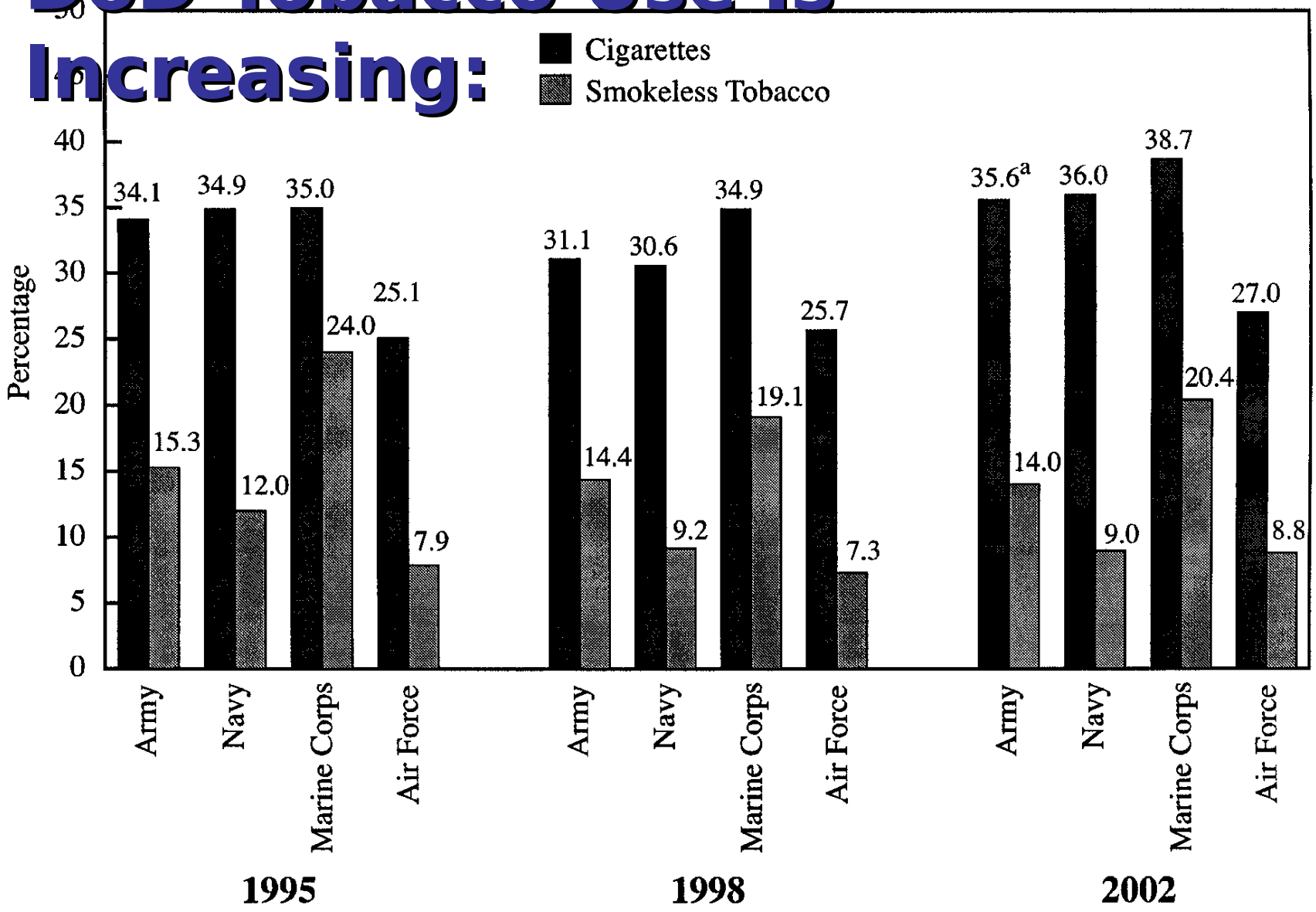
- **Consider two examples:**
  - **First, an institution able to get 5 percent of tobacco users to attend a cessation program with a 20 percent long-term success rate would achieve abstinence in 1 percent of the population.**
  - **Alternatively, if treatment within primary care has a 7.5 percent long-term success rate and 40 percent of tobacco users are treated, the number of tobacco users who become abstinent is three times that of the first example.**

I miss my lung, Bob.
California Department of Health Services.
Funded By The Tobacco Tax Initiative.

Key CPG Elements:

- Every tobacco user should be advised to quit
- Tobacco use is a chronic relapsing condition
- Several effective treatments are available
- It is essential to provide easy access
- Collaborate to tailor treatment strategies resulting in better outcomes.
- Quitting leads to improved health and quality of life.

DoD Tobacco Use Is Increasing:



2002 Department of Defense Survey of Health Related Behaviors Among Military Personnel

Chilling Thoughts

- 484,000 Americans have died from AIDS since 1981 to 2001
- 10,000,000 Americans have died from tobacco-related disease in the same time period
- Every three days more Americans die from tobacco than those killed on Sep 11 2001

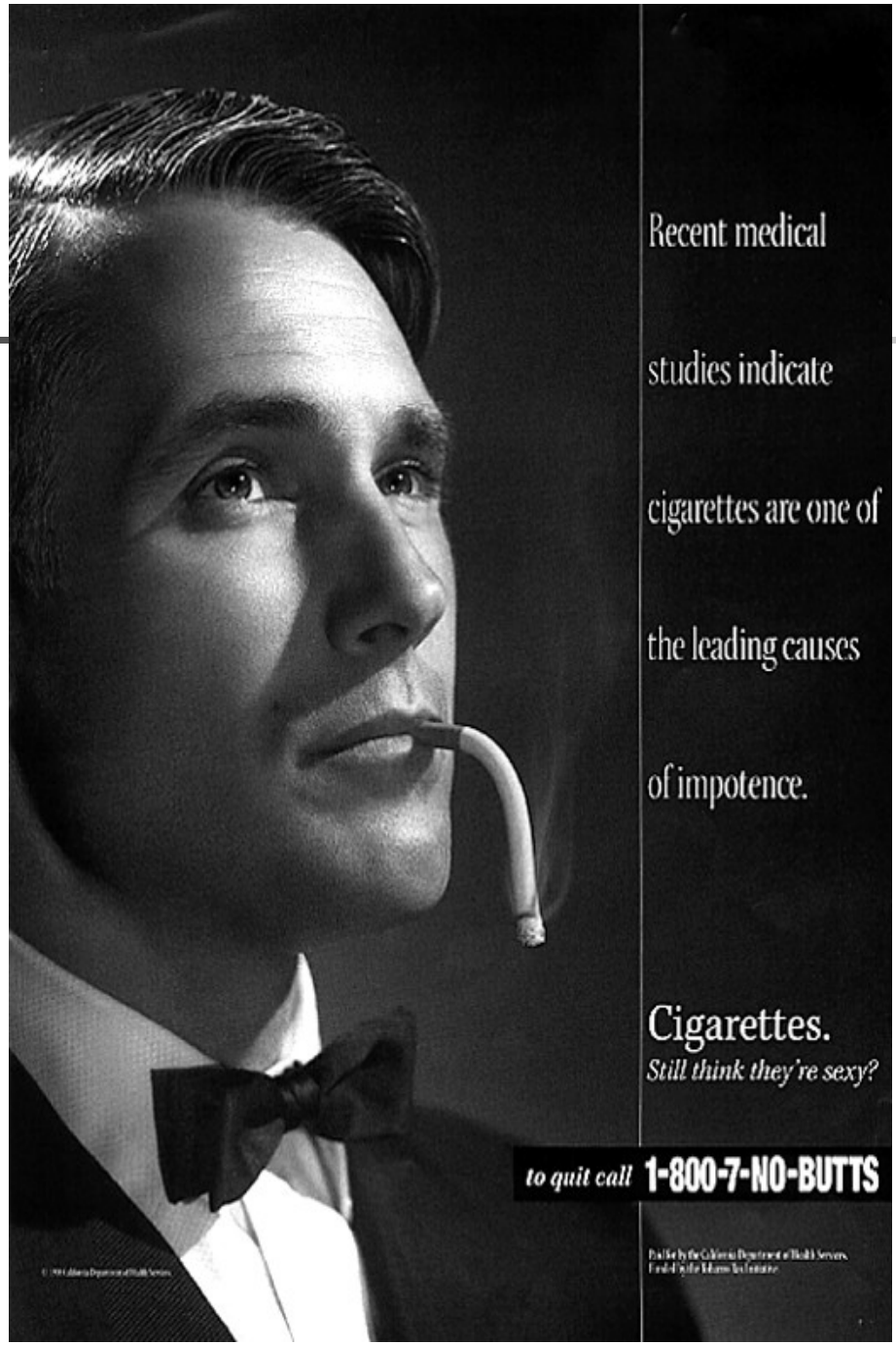
- Odds of dying early from tobacco use: 1 in 3; Odds of dying in a car wreck: 1 in 6,200

Another *Chilling* Thought

- **Here is a really significant issue for our junior military members:**
  - **Based on national average of tobacco costs, a one pack/can per day habit in FY04 is equal to ONE month's basic pay for a year for an E-3 in the military**
  - **Tobacco has a major impact on the quality of life for our young military members and their families**
  - **They are the ones who can least afford it!**

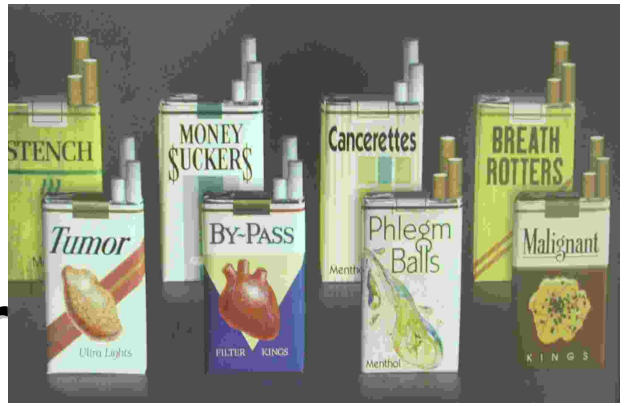
Tobacco Cessation Facts and Guidance

- General tobacco facts
  - Cigarettes
  - Smokeless
  - Cigars
- Health Concerns
- Gender differences
  - Weight gain concern
  - Depression
  - Withdrawal symptoms


Recent medical
studies indicate
cigarettes are one of
the leading causes
of impotence.
Cigarettes.
Still think they're sexy?
to quit call 1-800-7-NO-BUTTS

Tobacco Facts

- More than 4,800 chemical compounds in tobacco
- 60 compounds are known carcinogens, tumor initiator and tumor promoters
- The 60 chemicals include: hydrocarbons (tar), cyanide, phenols, benzene, nitrosamine(s)



Tobacco Facts

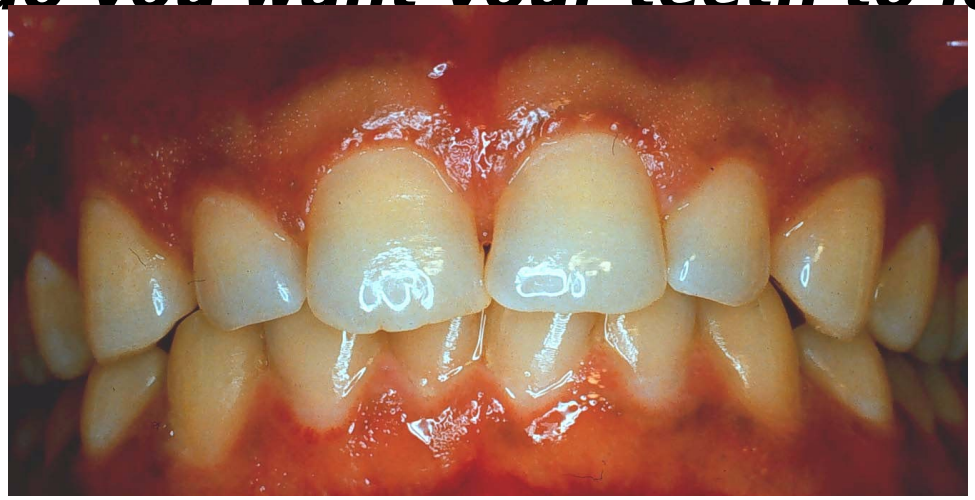
- Tobacco plant concentrates two naturally occurring radioisotopes: radium and polonium
- Nicotine is as addictive as opiates
- Nicotine has <u>not</u> been shown to be a carcinogen or co-carcinogen in humans

Tobacco Facts

- 3 million deaths per year worldwide
- Smoking causes 20% of all deaths in developed countries
- Every 10 seconds someone dies from smoking related disease
- Current trends show 10 million dying per year by 2020

Tobacco damages every single mouth that it touches.

"How do you want your teeth to look?"



Tobacco Facts

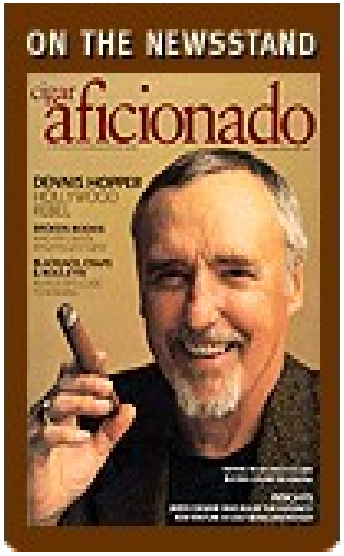
- **Smokeless tobacco is made from the scraps and refuse from the floor of the tobacco factory**
  - **Includes dead animals and insects**
  - **Animal waste**
  - **Trash**
  - **Very little tobacco**
  - **Nicotine added due to high level of non-tobacco product**

Tobacco Facts

- Smokeless tobacco produces additional carcinogens when combined with saliva
- 91% of oral cancer patients had used smokeless tobacco

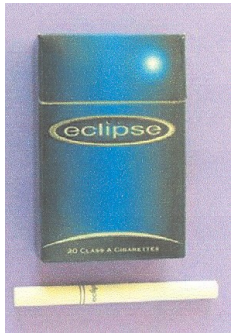
Cigars

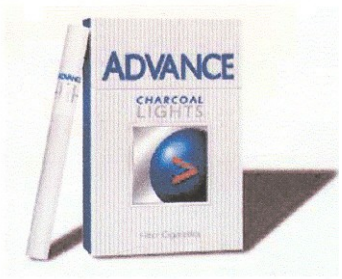
- Smoking a cigar the size of your index finger is the same as smoking 7 cigarettes
- 5 % of users are female
- Very expensive habit
- 27 % of kids 14 to 19 had tried a cigar in 1996
- Smoking has increased from 18.5 % in 1991 to 22.2 % in 1996 for 12 graders

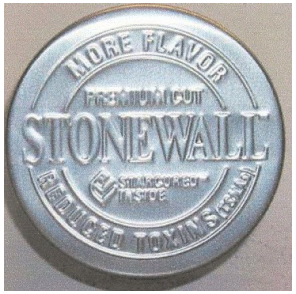


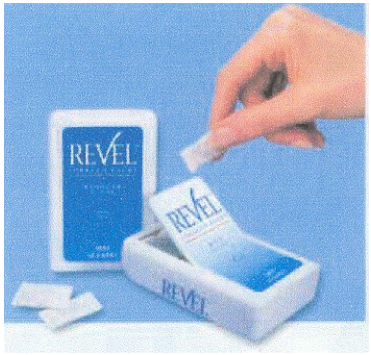
Health Concerns

- **New “Less Harmful” Tobacco Products**
  - **There are NO SAFE(R) FORMS O TOBACCO!**
  - **No proven health benefit!**









Health Concerns

- Second hand (passive) smoke is harmful
- AHA states 37,000 to 40,000 die annually from second hand smoke in US
- CDC / EPA state approximately 3,000 lung cancer deaths each year in US blamed on second hand smoke

Health Concerns

- 4 million children are sick each year due to second hand smoke
- 307,000 cases of asthma
- 354,000 cases of middle ear infections
- Greater risk of tooth decay

DON'T
POISON US
WARNING: Second-hand smoke contains carbon monoxide, ammonia, formaldehyde, benzo[a]pyrene and nitrosamines. These chemicals can harm your children.
Health Canada
Player's
PLAYER'S NAVY CUT
Filter
25 CIGARETTES • KING SIZE

Health Concerns

- Tobacco has a role in:
  - prevalence of periodontal disease
  - severity of periodontal disease
  - increased tooth loss
- One of the leading risk factors in periodontal disease

Ethnic and Gender Issues Related to Tobacco

Ethnic Issues

- **Cigarette Smoking Behavior**
  - **Approximately three of every four African American smokers prefer menthol cigarettes. Among whites, approximately a quarter of smokers prefer menthol cigarettes. Menthol may facilitate absorption of harmful cigarette smoke constituents.** [1]

1. U.S. Department of Health and Human Services. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998.

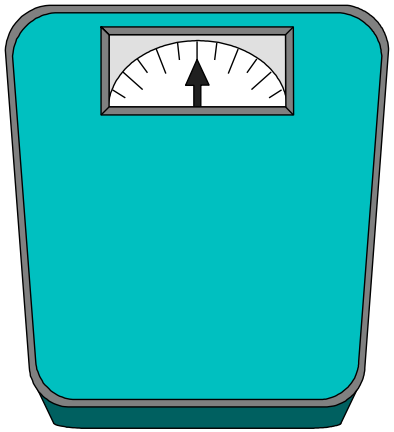
Withdrawal Symptoms

- 2 mg Nicorette gum more effective for men than women
- 4 mg gum equally effective for both sexes
- Women show more withdrawal symptoms than men from gum
- No differences with patch

****Weight Gain****

- Smoking depresses body weight
- Nicotine acts as an appetite suppressant
- On average smokers weigh less than non-smoking counterparts
- Many women fear quitting because of weight gain
- Teens start smoking to avoid weight gain

? || ?



Pregnancy

- Smoking during pregnancy is the most preventable cause of poor pregnancy outcomes
- Maternal smoking is linked to a greater risk of pre- and peri-natal mortality

Co-factors

- Depression, anxiety, and binge-eating disorder are major co-factors
- Tobacco users with co-factors often use nicotine to control behavioral disorders
- May be necessary to treat (by referral) the cofactor as well as the addiction to nicotine

ADAMS
It's a woman thing.
VIRGINIA SLIMS
SURGEON GENERAL'S WARNING: QUITTING SMOKING NOW GREATLY REDUCES SERIOUS HEALTH RISKS.

Brief Messaging

- 5% will change behavior
- You don’t know which 5%
- Look for the teachable moment
- Apply to personal issues and needs
- Also seek application to family
- “Brief Messaging” is a must!!!!!
- Every staff member can do this

Do You Want To Be A Millionaire?

Stop Using Tobacco !

Did you know that a one pack or one can a day tobacco habit for a year equals one-half the cost of tuition at most state colleges??!! Quit today and start saving for both you and your family's future!

****

More immediate rewards:

3 months no tobacco use = $360.00 = Color TV

4 months no tobacco use = $480.00 = Stereo

5 months no tobacco = PS2 and Color TV

5 years no tobacco = A New Car!!!

Your final answer should be: I QUIT

If you have questions about quitting, ask your Dentist.

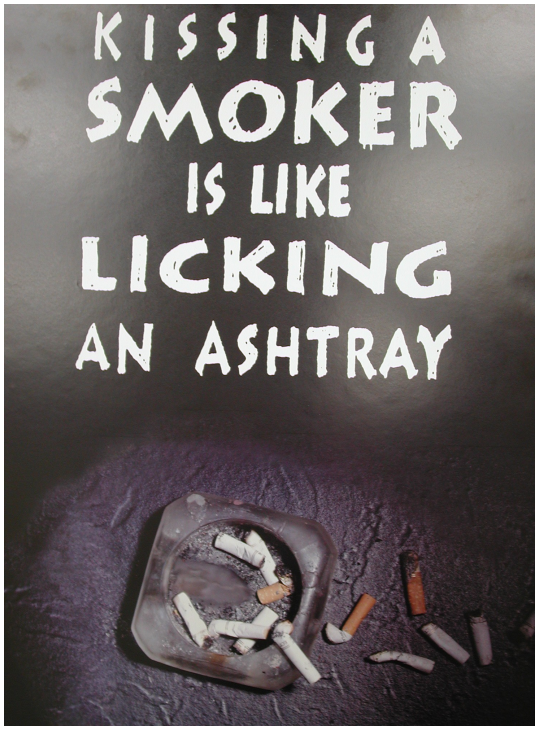
Brief Messaging Dynamics

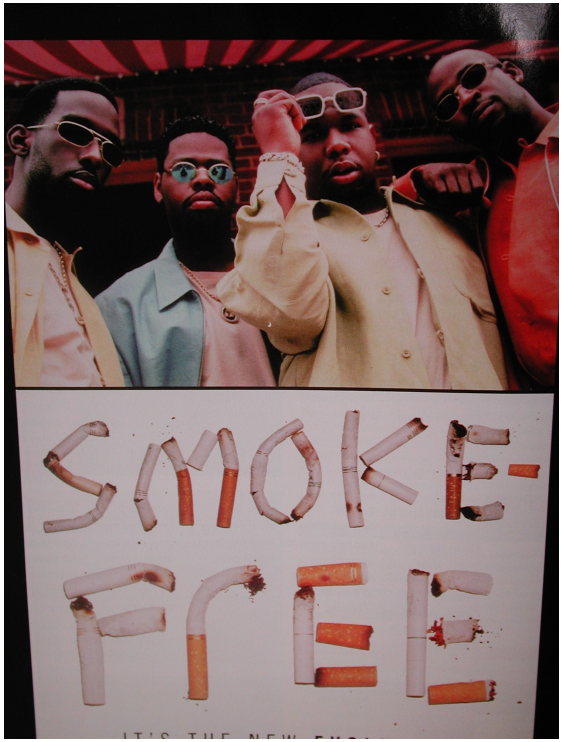
- **Only a 2 to 3 minute message**
  - **Use every opportunity**
  - **Short but sweet**
  - **Personalize**
  - **Make it pertinent to visit if possible**

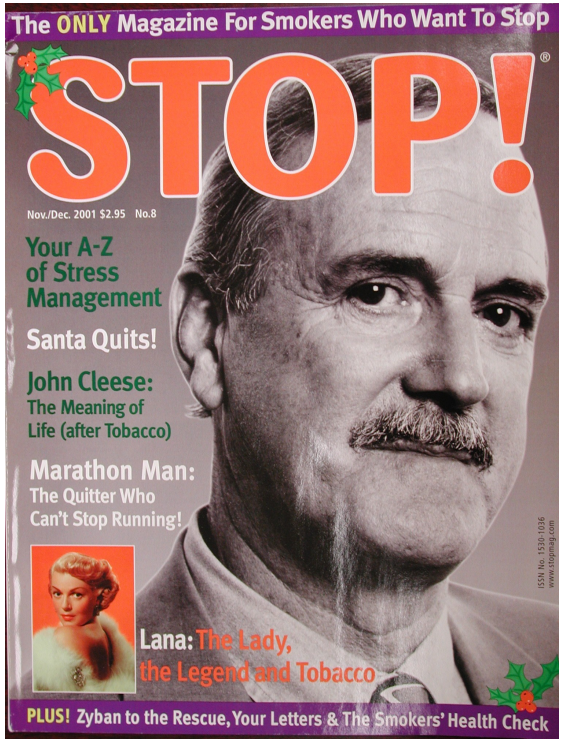
Brief Messaging

- 5 categories
  - No tobacco use but age 10 to 25
  - Tobacco use and wants to quit
  - Tobacco use and is uncertain about quitting
  - Tobacco use and does not want to quit
  - Former user
- “Brief Messaging” is a must!!!!!

Patient Education



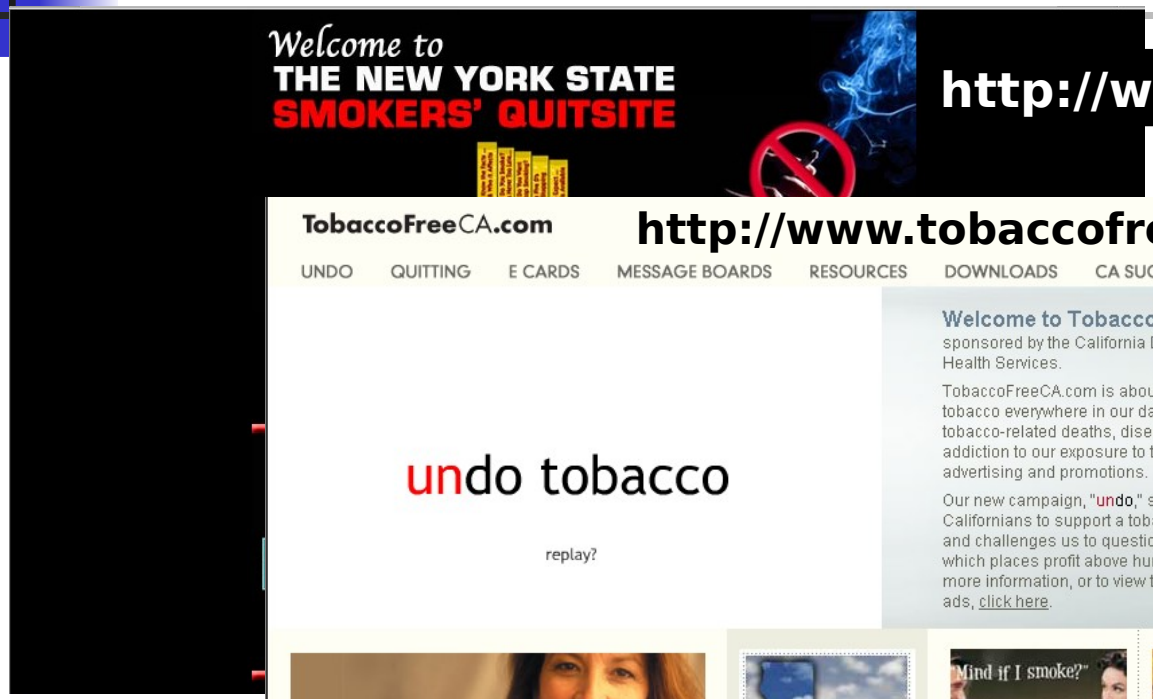



The ONLY Magazine For Smokers Who Want To Stop
STOP!
Nov./Dec. 2001 $2.95 No.8
Your A-Z of Stress Management
Santa Quits!
John Cleese: The Meaning of Life (after Tobacco)
Marathon Man: The Quitter Who Can't Stop Running!
Lana: The Lady, the Legend and Tobacco
PLUS! Zyban to the Rescue, Your Letters & The Smokers' Health Check

New Patient & Provider Resources

- Tobacco cessation is a readiness issue
  - http://www.ha.osd.mil/smoking_cessation/default.cfm
- TRICARE Tobacco Cessation Initiative
  - Healthy Choices for Life
  - http://www.tricare.osd.mil/healthychoices/quitsmoke.cfm
- WWW.Smokefree.gov
  - 1-800-QUITNOW (1-800-784-8669)
  - Patient education portal
  - Developing cessation intervention protocol

New Patient and Provider Resources

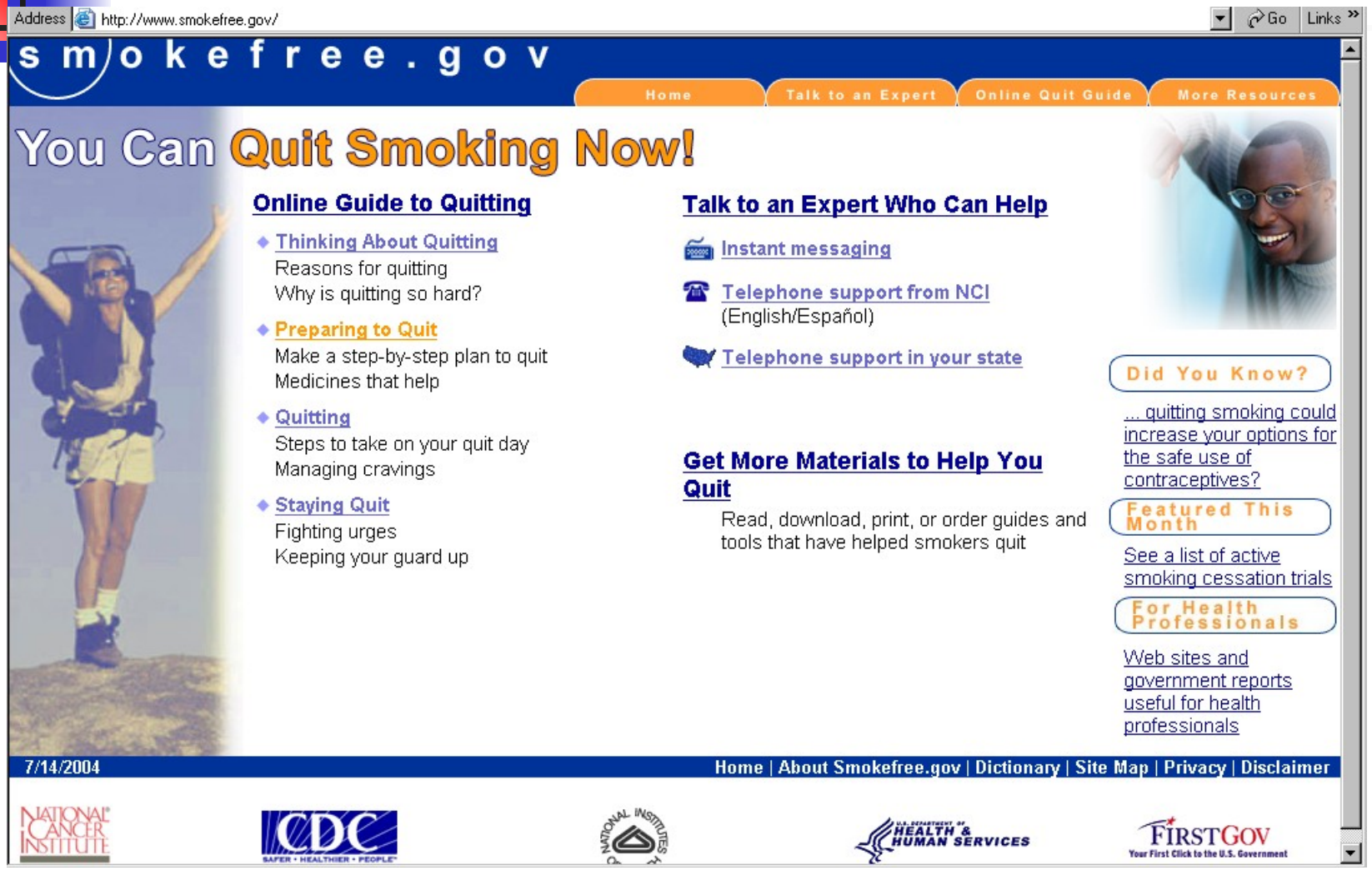


http://www.nysmokefree.com/

TobaccoFreeCA.com
UNDO
QUITTING
E CARDS
MESSAGE BOARDS
RESOURCES
DOWNLOADS
CA SUCCESS
AT GEAR
undo tobacco
replay?
Welcome to TobaccoFreeCA.com
sponsored by the California Department of Health Services.
TobaccoFreeCA.com is about eliminating tobacco everywhere in our daily lives - from tobacco-related deaths, diseases, and addiction to our exposure to tobacco advertising and promotions.
Our new campaign, "undo," seeks to rally Californians to support a tobacco-free world, and challenges us to question an industry which places profit above human life. For more information, or to view the latest undo ads, click here.
HELPING YOU QUIT
Quitting smoking isn't easy. If you want to quit, have thought about quitting, or already tried and need additional support, here are resources to help you. More
HELPING SOMEONE ELSE
If you want to help your loved ones or friends break their smoking habit, here are tools and tips to
CA SUCCESS
California's anti-tobacco program is saving lives and making our state a healthier and better place for all of us. Learn
Mind if I smoke?
Care if I die?
E CARDS
Encourage a smoker to quit, congratulate a friend or tell everyone you just quit!
More
MESSAGE BOARDS
I miss my lung, Bob
DOWNLOADS
Wallpapers and buddy icons.
More
TOBACCO TOLL METER
Smoking takes a tragic

http://www.tobaccofreeca.com/index.html

New Patient and Provider Resources


Address http://www.smokefree.gov/
Go
Links
smokefree.gov
Home
Talk to an Expert
Online Quit Guide
More Resources
You Can Quit Smoking Now!
Online Guide to Quitting
Thinking About Quitting
Reasons for quitting
Why is quitting so hard?
Preparing to Quit
Make a step-by-step plan to quit
Medicines that help
Quitting
Steps to take on your quit day
Managing cravings
Staying Quit
Fighting urges
Keeping your guard up
Talk to an Expert Who Can Help
Instant messaging
Telephone support from NCI
(English/Español)
Telephone support in your state
Get More Materials to Help You Quit
Read, download, print, or order guides and tools that have helped smokers quit
Did You Know?
... quitting smoking could increase your options for the safe use of contraceptives?
Featured This Month
See a list of active smoking cessation trials
For Health Professionals
Web sites and government reports useful for health professionals
7/14/2004
Home | About Smokefree.gov | Dictionary | Site Map | Privacy | Disclaimer
NATIONAL CANCER INSTITUTE
CDC
SAFER · HEALTHIER · PEOPLE
HEALTH & HUMAN SERVICES
FIRSTGOV
Your First Click to the U.S. Government

Provider & Staff Training

- Two free Tobacco Cessation CME opportunities
- MedScape
  - Treating Tobacco Use and Dependence
    - CME Credits Available
    - Physicians - up to 1.0 AMA PRA category 1 credit(s)
    - http://www.medscape.com/viewprogram/3607?src=search
  - Smoking Cessation Approaches for Primary Care
    - CME Credits Available
    - Physicians - up to 1.5 AMA PRA category 1 credit(s);
    - Registered Nurses - up to 1.7 Nursing Continuing Education contact hour(s)
    - http://www.medscape.com/viewprogram/3468?src=search

TUC Pharmacotherapy

- **Medication review**
- **Indications**
- **Lessons learned**

What are we fighting?

- **Misperception**
  - **Habit vs. Chronic Condition**
  - **Quick fix/ Magic "pill" (quit ads)**
- **Industry marketing**
  - **$16 *Billion* per year (2004)**
  - **Must <u>replace</u> ½ million loyal users each year**
- **Lack of prevention funding**
  - **NIH FY03 budget $27 *Million***
  - **Less than 1% for prevention research!**

DON'T POISON US
WARNING: Second-hand smoke contains carbon monoxide, ammonia, formaldehyde, benzo[a]pyrene and nitrosamines. These chemicals can harm your children.
Health Canada
Player's
Filter
25 CIGARETTES • KING SIZE

TUC: Pharmacotherapy

- Two first-line types of pharmacotherapy (FDA approved) are nicotine replacement therapy and bupropion.
- Whether medications are prescribed via formal TUC programs or via clinical care visits, providers should be aware of the medications and the need to follow those patients who are using the medications.
- Patients receiving TUC medications along with behavioral support have the best chance of quitting.
- Natural/herbal/hypnosis/acupuncture not proven in evidenced-based studies

TUC Pharmacotherapy: Nicotine Replacement Therapy (NRT)

TUC Pharmacotherapy (non-nicotine): Zyban, Wellbutrin 150mg SR, Bupropion 150mg SR

Bupropion hydrochloride
Bupropion hydrochloride (Wellbutrin)
Bupropion hydrochloride
(byou-**PROH**-pee-on)
Pregnancy Category: B Wellbutrin SR Zyban **(Rx)**

TUC: Pharmacotherapy

Pharmacotherapy	Precautions and Contra-indications	Side Effects	Dosage	Duration	Availability	Cost/day
Bupropion SR	History of Seizure History of Eating Disorder Anti-depressants	Insomnia Dry mouth	150 mg every morning for 3 days, then 150 mg Twice daily (Begin treatment 1-2 weeks pre-quit)	7-12 weeks maintenance up to 6 months	Bupropion 150mg SR, Zyban, Wellbutrin 150mg SR (prescription only)	$3.33
Nicotine Gum	Pregnancy Recent MI	Mouth Soreness Dyspepsia	1-24 cigs/day-2mg gum (up to 24 pcs/day) 25+ cigs/day-4 mg gum (up to 24pcs/day)	Up to 12 weeks; prn	Nicorette, Nicorette Mint, Orange (OTC only)	$6.25 for 10, 2-mg pieces $6.87 for 10, 4-mg pieces

Taken from Public Health Service Clinical Practice Guideline, 2000

TUC: Pharmacotherapy

Pharmacotherapy	Precautions and Contra-indications	Side Effects	Dosage	Duration	Availability	Cost/day
Nicotine Lozenge	Pregnancy History of heart Disease, irregular heart beat, recent MI Uncontrolled high blood pressure Taking prescription medication for depression or asthma	Dyspepsia Oral discomfort	First cigarette within 30 minutes of waking: 4mg strength First cigarette after 30 minutes of waking: 2mg Week 1 to 6: one lozenge every one-to-two hours. Week 7 to 9: one lozenge every two-to-four hours Week 10 to 12: one lozenge every four to eight hours	12 weeks	Prescription OTC	

Taken from Public Health Service Clinical Practice Guideline, 2000

TUC: Pharmacotherapy

Pharmacotherapy	Precautions, Contra-indications	Side Effects	Dosage	Duration	Availability	Cost/day
Nicotine Inhaler	Pregnancy Recent MI COPD	Local irritation of mouth and throat	6-16 cartridges/day	Up to 6 months	Nicotrol Inhaler (prescription only)	$10.94 for 10 cartridges
Nicotine Nasal Spray	Pregnancy Recent MI	Nasal irritation	8-40 doses/day	3-6 months	Nicotrol NS (prescription only)	$5.40 for 12 Doses
Nicotine Patch	Pregnancy Recent MI	Local skin reaction Insomnia	21 mg/24 hours 14 mg/24 hours 7 mg/24 hours or 15 mg/16 hours	4 weeks then 2weeks then 2 weeks 8 weeks	Nicoderm CQ (OTC only), Generic patches (prescription and OTC), Nicotrol (OTC only)	Brand name patches $4.00-$4.50

Taken from Public Health Service Clinical Practice Guideline, 2000

Nicotine Replacement Therapy (NRT)

- NRT started at quit date
- Continuous versus prn
- Long term use OK
- Patient should determine need

Bupropion SR

- 150 mg sustained release formulation
- Weak inhibitor of the neuronal re-uptake of norepinephrine, serotonin, and dopamine
- One pill daily for the first 3 days
- On day 4 take one pill in the morning and a second pill 8 hours later (late afternoon)
- Set quit date during the 2nd week of Bupropion use
- Continue Bupropion for 7 to 10 weeks after quitting tobacco
- Can and should often be combined with Nicotine Replacement Therapy

Some Proprietary Patient Resource Websites

- **Nicotrol NS**
  http://www.nicotrol.com/9_program.asp
- **Commit Lozenge**
  http://www.quit.com/index_flash.aspx
- **Bupropion/Wellbutrin/Zyban**
  http://zyban.ibreathe.com/?a=84
- **Free quit program from NRT company (Nicorette/Nicoderm)**
  www.committedquitters.com/
- **Habitrol**
  http://www.habitrol.com/

Scripting Guidelines

- Based on patient needs
- NRT (handout)
  - Big three:
    - Gum
    - Patch
    - Lozenge
  - Contraindications
- Bupropion 150mg SR (handout)
  - Indications
  - Contraindications

Practical Clinical Advice

- **Dosing (see handout)**
  - **Vary per tobacco intake**
  - **Individual preference**
- **Clinical follow-ups**
  - **Pharmacotherapy effacious**
- **Patient interaction**
  - **Minimal intensity vs. Maximum intensity**
- **Resources**

The Clinical Setting

- Why
  - Sick patients
  - Those who want to quit (62%)
- How
- FHP

Why Clinical Practice Implementation?

- **The teachable moment**
- **Link to illness**
- **Patients are used to prescriptive care**
- **Patient convenience**

Team Approach

- **Providers do not have time for more work**
- **Brief message of 30 seconds to patient with advice to quit and benefit**
- **Develop team approach to providing clinical cessation**
- **If no clinical time available, then refer to cessation program- poor response to referral**

CDC TUC Guidance

- **Tobacco dependence is best viewed as a chronic disease with remission and relapse.**
- **Both minimal and intensive interventions increase smoking cessation are effective.**
- **Most people who quit smoking with the aid of such interventions will eventually relapse and may require repeated attempts before achieving long-term abstinence.**

Clinical Cessation Guidelines

- Every patient should receive at least minimal treatment at every clinical visit.
- Patients willing to quit should be treated using the "5 A's"
- Patients who are unwilling to quit should be treated with the “5 R's"
- Patients who have recently quit should be provided relapse prevention treatment.

Two Key Questions

In order to determine stage of readiness and past history the answers to these two questions are key to addressing the patient's needs:

- **Do you want to quit?**
- **Have you tried to quit before?**

Five A's

- Ask every patient at every clinical encounter
- Advise: simple advice to quit is 5% effective!
- Assess:
  - Look at readiness to change
  - Recent DoD survey showed 65% want to quit if offered help
  - Level of medication support needed
- Assist:
  - Determine level/ intensity of cessation support needed
- Arrange:
  - Provide patient with level of support needed

Five R's

- **Relevance:**
  - Make the advice to quit relevant to patient's circumstances
- **Risk:**
  - Equate current health state to tobacco use;
    - Oral disease- decay, stain, gum disease, etc.
    - Acute/Chronic medical problems
- **Rewards**
  - Key for young military- $$$$
- **Roadblocks**
  - What will cause patient to not succeed
- **Repetition**
  - Provide empowerment and continuity of message

EXTREMELY IMPORTANT!!! **Address Relapse Issues**

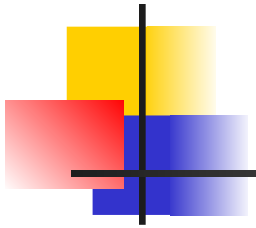
- **Preventing Relapse**
  - **Most relapses occur soon after a person quits using tobacco**
  - **People relapse months or even years after the quit date**
  - **All clinicians should work to prevent relapse**
- **Components of Clinical Practice Relapse Prevention**
  - **For every encounter with a recent quitter**
  - **Use open-ended questions**
  - **Emphasize any success (duration of abstinence, reduction in withdrawal, etc.).**
  - **Discuss any problems encountered or anticipated (e.g., depression, weight gain, alcohol, other tobacco users in the household)**

Relapse Prevention

- **Recognize specific relapse problems by identifying a problem that threatens his or her abstinence.**
  - ***Lack of support for cessation***
    - **Schedule follow-up visits or telephone calls**
    - **Help the patient identify sources of support**
    - **Refer the patient for intense counseling or support.**
  - ***Negative mood or depression***
    - **Refer patient to a specialist.**
  - ***Strong or prolonged withdrawal symptoms***
    - **Consider extending the use of an approved pharmacotherapy or adding/combining pharmacologic medication to reduce strong withdrawal symptoms.**

Relapse Prevention

- ***Weight gain***
  - **Increase physical activity; discourage strict dieting.**
  - **Reassure the patient that some weight gain after quitting is common and appears to be self-limiting.**
  - **Emphasize the importance of a healthy diet.**
  - **Maintain the patient on pharmacotherapy**
  - **Refer the patient to a specialist or program.**
- ***Flagging motivation/feeling deprived***
  - **Reassure the patient these feelings are common.**
  - **Recommend rewarding activities.**
  - **Evaluate for periodic tobacco use.**
  - **Emphasize that beginning to smoke (even a puff) will increase urges and make quitting more difficult**



Questions ????

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Please feel free to contact me if you have any questions or future needs.